



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### SUICIDE PRECAUTIONS

**Effective Date:** April 26, 2016

**Policy #:** TX-14

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- I. PURPOSE:** To provide guidelines for the use of interventions intended to prevent self-inflicted injuries or death in suicidal patients.
- II. POLICY:** Patients will be assessed for suicidal potential as part of the hospital's admission procedures. Staff will continue to assess suicide risk on a regular basis as part of ongoing clinical procedures. Patients believed to be at significant risk for suicide will be placed on one of two levels of precautions that prescribe specific steps staff will take to reduce risk and provide treatment for the patient's condition. Additional intervention steps may be taken to address a particular patient's individual circumstances when authorized by a Licensed Independent Practitioner's (LIP) order. Suicide precautions will be discontinued when clinically indicated.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
  - A. Treatment staff will monitor patients' behaviors and be alert at all times to the potential for suicide in each patient. When suicide risk is higher, staff will initiate precautionary measures and interventions immediately.
  - B. Nursing Staff: Observe, assess, report, search for contraband, and document.
  - C. Licensed Independent Practitioner (LIP): Assess, evaluate, document, order and discontinue precautions.
- V. PROCEDURE:**
  - A. At the time of admission, a professional person will determine if there is a need to implement interventions to decrease the risk of suicide or significant self-injury.
  - B. When a patient is believed to be at increased risk for suicide or self-injurious behaviors, specific precautionary interventions (described below) may be initiated by any staff member. These interventions are designed to ensure close supervision and monitoring of suicidal or self-injurious patients. A LIP's order for suicide precautions will be obtained by a licensed nurse as soon as possible and the patient will be evaluated by a LIP.
  - C. The need to continue suicide precautions will be reassessed daily by the LIP in consultation with the treatment team. The decision to discontinue suicide precautions

will also be made by the LIP in consultation with the treatment team. A LIP's order and face to face evaluation is required to discontinue either level of precautions.

- D. Documentation in the Progress Notes will include the reason(s) for implementing, continuing, and discontinuing suicide precautions.
- E. Two levels of suicide precautions will be used to address the risk factors presented by the patient.
  - 1. MINIMAL SUICIDE PRECAUTIONS will be implemented for patients who present with a significant risk for suicide or self-injurious behaviors.
    - a. A LIP will conduct a face-to-face evaluation of patients placed on minimal suicide precautions within 24 hours of the time precautions were implemented.
    - b. Staff will make visual contact with the patient every 15 minutes or as otherwise specified in the LIP's order and document on the Observation Flow Sheet.
    - c. Patient will reside in a designated area to provide close observation during waking hours. Movement from the designated area will require staff escort.
    - d. The patient will sleep in an area where close observation can be provided.
    - e. Nursing staff will conduct a search for contraband each shift. However, it is not necessary to wake a sleeping patient to conduct a search. [See MSH Policy "#SF-02, CONTRABAND AND SEARCHES" for definition of contraband and procedural details.]
    - f. Staff will document 15-minute visual checks on the Observation Flow Sheet. Licensed nurse will document in the Progress Notes each shift. Documentation will include staff observations, assessment, interventions, patient activities and behaviors.
    - g. The patient will be allowed to participate in unit treatment activities.
  - 2. STRICT SUICIDE PRECAUTIONS will be initiated for a patient assessed to be at immediate high-risk for suicide.
    - a. When strict suicide precautions are implemented, the LIP will complete a face-to-face evaluation of the patient daily. This evaluation will be documented in the progress notes.
    - b. The patient will be assigned a one-to-one staff member who will remain within six (6) feet of the patient and maintain constant visual contact with the patient at all times.

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- c. During waking hours, the patient will reside in a designated area.
- d. The patient will sleep in an area where close observation can be provided.
- e. The patient will eat on the unit without sharp utensils.
- f. Certain items of clothing such as belts, drawstring pants, shoes with laces, etc. may be prohibited if these items present a potential danger.
- g. Staff will conduct a search for contraband each shift. It is not necessary to wake a sleeping patient to conduct the search. [See #SF-02, *CONTRABAND AND SEARCHES Policy*].
- h. The person assigned to the 1:1 will document every 15 minutes on the Observation Flow Sheet. A licensed nurse will assess the patient and document in the Progress Notes each shift.
- i. The patient will be allowed to participate in ward treatment activities as appropriate.

**VI. REFERENCES:** None

**VII. COLLABORATED WITH:** Nursing Supervisors, Medical Director.

**VIII. RESCISSIONS:** #TX-14, *Suicide Precautions* dated November 19, 2012; #TX-14, *Suicide Precautions* dated March 16, 2012 & #TX-13, *Self-Mutilative Precautions* dated June 1, 2012; #TX-14, *Suicide Precautions* dated January 1, 2008; #TX-14, *Suicide Precautions* dated November 17, 2004; #TX-14, *Suicide Precautions* dated October 1, 2001; H.O.P.P. #13-03S. 072893, *Suicide Precautions* dated July 28, 1993.

**IX. DISTRIBUTION:** All hospital policy manuals.

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing

**XII. ATTACHMENTS:** None

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John W. Glueckert                      Date  
Hospital Superintendent

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Thomas Gray, MD                      Date  
Medical Director